24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (S

Schedule E)	PAGE 1 OF 6 FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC	C C00544767
Check if 24-hour report X 48-hour report New report X Amends report file	ed on 08 / 12 / 2015
Full Name of Payee ALLEGIANCE LIST MARKETING	Date of Public Distribution/Dissemination
	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 CHURCH ST. SE SUITE 100	Amount
City State Zip Code	8625.00
LEESBURG VA 20175	Transaction ID : SE24.11704 Date of Disbursement or Obligation
Purpose of Expenditure AUGUST/SEPTEMBER MONTHLY LIST RENTAL FEES Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ice Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Dis 201	
Full Name of Payee	Other (specify)
AMERICAN ACTION NEWS	Date of Public Distribution/Dissemination
Mailing Address 203 SOUTH UNION STREET SUITE 300	08
250 555 111 6111611 61112 555	Amount
City State Zip Code	4629.00
ALEXANDRIA VA 22314	Transaction ID : SE24.11691 Date of Disbursement or Obligation
Purpose of Expenditure AUGUST/SEPTEMBER MONTHLY ONLINE ADVERTISING FEES Category/ Type	08 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ice Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
Calcinati Teal to Bate	bursement For: Primary X General
Per Election for Office Sought 317/37.90 20	Other (specify) -
(a) CURTOTAL of lawring diadence dept Fune additions	40074.00
(a) SUBTOTAL of Itemized Independent Expenditures	13254.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Dan Backer	M M / D D / Y Y Y Y
Signature [Electronically Filed] Date	02 20 2016

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: SE

Transaction ID : SE24.11704

This report amended to update final disbursement amounts.

Form/Schedule: Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC	C C00544767
	O
Check if 24-hour report X 48-hour report New report X Amends report filed	on 08 / 12 / 2015
Full Name of Payee BIG EYE DIRECT	Date of Public Distribution/Dissemination
	08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 13860 REDSKIN DRIVE	Amount
City State Zip Code	11954.33
HERNDON VA 20171	Transaction ID : SE24.11693 Date of Disbursement or Obligation
Purpose of Expenditure ALLEGIANCE DIRECT AUGUST/SEPTEMBER MONTHLY DIRECT MAIL SUBVENDOR FEE Category/ Type	08 / 10 / 2015
Name of Federal Candidate Support Office	e Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbu 2016	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
CAMPAIGN SOLUTIONS	08 10 2015
Mailing Address 117 N. SAINT ASAPH ST	Amount
City State Zip Code	12093.75
ALEXANDRIA VA 22314	Transaction ID : SE24.11687 Date of Disbursement or Obligation
Purpose of Expenditure AUGUST/SEPTEMBER MONTHLY LIST RENTAL FEES Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	e Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(a) SUBTUTAL of Reffilzed Hidependent Expenditures	24048.08
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0)2 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC	C C00544767
Check if 24-hour report X 48-hour report New report X Amends report filed	on 08 / 12 / 2015
Full Name of Payee CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination
	08 10 2015
Mailing Address 117 N. SAINT ASAPH ST	Amount
City State Zip Code	4574.26
ALEXANDRIA VA 22314	Transaction ID : SE24.11688 Date of Disbursement or Obligation
Purpose of Expenditure AUGUST/SEPTEMBER MONTHLY EXTERNAL DEPLOYMENT COSTS Category/ Type	08 / 10 / 2015
Name of Federal Candidate Support Office	e Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For: Primary X General Other (specify) ▶
Full Name of Payee CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination
	08 10 2015
Mailing Address 117 N. SAINT ASAPH ST	Amount
City State Zip Code	3446.96
ALEXANDRIA VA 22314	Transaction ID : SE24.11689 Date of Disbursement or Obligation
Purpose of Expenditure AUGUST/SEPTEMBER MONTHLY FACEBOOK ADVERTISING Category/ Type	08 / 10 / 2015
	e Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	8021.22
(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	2 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC	C C00544767
Check if 24-hour report X 48-hour report New report X Amends report filed or	n 08 / 12 / 2015
Full Name of Payee CD, INC.	Date of Public Distribution/Dissemination
· ·	08 10 2015
Mailing Address P.O. BOX 1877	Amount
City State Zip Code	24557.64
	Fransaction ID : SE24.11690 Date of Disbursement or Obligation
Purpose of Expenditure AUGUST/SEPTEMBER MONTHLY LIST RENTAL AND ONLINE ADVERTISING FEES Category/ Type	08
Name of Federal Candidate Support Office S	Sought: House District:
HILLARY CLINTON Oppose	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For:
	Date of Public Distribution/Dissemination
MDS COMMUNICATIONS CORP	08 10 2015
Mailing Address 545 W. JUANITA AVENUE	Amount
City State Zip Code	9713.64
	ransaction ID : SE24.11708 Date of Disbursement or Obligation
Purpose of Expenditure AUGUST/SEPTEMBER MONTHLY OUTBOUND CALLING COSTS Category/ Type	08
Name of Federal Candidate Support Office S	Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disburs 2016	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	34271.28
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	•
Dan Backer [Electronically Filed] Date 02	20 / 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC	C C00544767
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed	on 08 12 2015
Full Name of Payee POLITICAL LIST BROKERS, LLC	Date of Public Distribution/Dissemination
Mailing Address 107 S. WEST ST	08 / 10 / 2015
107 S. WEST ST	Amount
City State Zip Code	15000.00
ALEXANDRIA VA 22314	Transaction ID : SE24.11692 Date of Disbursement or Obligation
Purpose of Expenditure AUGUST/SEPTEMBER MONTHLY LIST RENTAL FEES Category/ Type	08 10 / 2015
Name of Federal Candidate Support Office	e Sought: House District:
HILLARY CLINTON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary X General Other (specify) ▶
Full Name of Payee THE WASHINGTON TIMES	Date of Public Distribution/Dissemination
Mailing Address 3600 NEW YORK AVE NE	08 10 2015
	Amount
City State Zip Code WASHINGTON DC 20002	1576.00 Transaction ID : SE24.11694
Purpose of Evpanditure	Date of Disbursement or Obligation
AUGUST/SEPTEMBER MONTHLY DIGITAL ADVERTISING Category/ Type	08 / 10 / 2015
LINLARY OF INTON	e Sought: House District:
Оррозе 🗶	President Senate State:
Calendar Year-To-Date Per Election for Office Sought 317737.90 Disbt 2016	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	16576.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	96170.58
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	2 20 2016
Signature	